

**CLAIMS ONLY • •**

Application Number

J.D.  
Applicant(s)

**Filing Date :**

1-26-05

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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45						
46						
47						
48						
49						
50						
Total Indep.	3					
Total Depend.	8					
Total Claims	11					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.						
Total Depend.						
Total Claims						